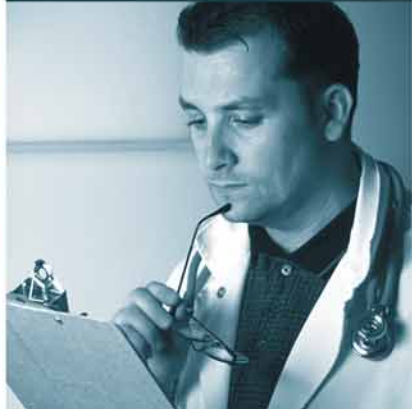


The Nation's New Strategy to Stop Impaired Driving





Introduction

Impaired driving is a serious problem in the United States, killing thousands every year. Reductions in alcohol related traffic deaths occurred in the 1980's and early 1990's, but progress has stalled since then. In fact, the numbers are beginning to rise. In an effort to address the issue, the National Highway Traffic Safety Administration (NHTSA) has identified three priority initiatives to help reduce driving while impaired (DWI). Implementation of these initiatives will support and involve active participation by law enforcement, prosecutors, courts, and medical and health care professionals.

Background

Traffic crashes are the leading cause of death in the United States for ages 4-34 years old and the third leading cause of years of potential life lost for all ages combined. In 2002, nearly 43,000 were killed and nearly 3 million were injured in crashes. Traffic crashes result in costs to society of more than \$230 billion each year.

In addition, more than 40 percent of all traffic fatalities in the United States are alcohol-related. In 2002, more than 17,400 were killed in alcohol-related crashes: on average, one death every 30 minutes. NHTSA hopes implementation of its impaired driving initiatives will help reduce this number by 2,000, achieving a rate of .53 alcohol-related fatalities per 100 million vehicle miles traveled by the end of 2004 (from 0.61/100M VMT in 2002).

An Agency Initiative

NHTSA convened an Integrated Project Team (IPT) to study the issue and develop a set of recommendations. The full report of the IPT, which recommends 16 separate initiatives covering a broad range of strategies, is posted on the agency's web site at www.nhtsa.dot.gov. However, to regain momentum regarding this issue and achieve the greatest impact as quickly as possible, the agency has identified three priority strategies that are currently being emphasized: (1) high visibility enforcement; (2) support for prosecutors and DWI courts; and (3) alcohol screening and brief intervention. For further information, visit the website www.stopimpaireddriving.org.

High Visibility Enforcement

Periodic high intensity and sustained enforcement crackdowns, supported by a coordinated media plan, have proven to be an effective countermeasure for reducing impaired driving fatalities. Checkpoint Tennessee, a yearlong high visibility enforcement effort conducted in the mid-1990s, resulted in a 20 percent reduction in alcohol-related crashes. Similar enforcement and media approaches applied to safety belt use have resulted, on average, in eight-percentage point increases in belt use after just two weeks of enforcement, coupled with media exposure.

High visibility enforcement programs, such as NHTSA's "You Drink & Drive. You Lose." and "Click it or Ticket" campaigns, affect behavior through general deterrence, by increasing the public's perception that people who violate the law will be ticketed, arrested, convicted, and punished, and thereby persuading them to adhere to the law. Moreover, these campaigns are more cost effective when coordinated nationally,

taking advantage of economies of scale from national media purchases and media events.

The agency's goal is to reduce the national impaired driving fatality rate by encouraging and supporting adoption of high visibility impaired driving enforcement programs across the Nation, and especially in those States and jurisdictions with high numbers and/or rates of alcohol-related fatalities.

NHTSA's objective is to work with State Highway Safety Offices and national law enforcement organizations to engage additional law enforcement agencies in both periodic impaired driving crackdowns and sustained impaired driving enforcement throughout the year, and to ensure that enforcement efforts are highly visible and well publicized through paid and earned media support. NHTSA offers a variety of resources, including training programs addressing both alcohol- and drug-impaired driving, to support increased law enforcement participation.

Support for Prosecutors and DWI Courts

The success of general deterrence is dependent on an effective adjudication system. If any part of the system breaks down, individual offenders will not be subject to consequences, which could weaken general deterrence and serve as a disincentive to law enforcement. In addition, if DWI cases are not addressed effectively, offenders will be more likely to repeat their crimes. To ensure that the system works effectively, NHTSA is focusing its efforts on supporting both high visibility enforcement, and also the criminal justice system.

DWI cases are complex and, at least in many jurisdictions, are assigned to inexperienced

prosecutors. Moreover, the turnover rate among prosecutors is high. According to a 2001 Bureau of Justice Statistics (BJS) survey, 58 percent of prosecutor offices in large districts report problems recruiting staff attorneys and 72 percent report problems retaining them. A 2002 study by the Traffic Injury Research Foundation (TIRF) reports that 48 percent of prosecutors surveyed believed that the training they received prior to assuming their positions was inadequate. Encouraging jurisdictions to assign cases to more experienced prosecutors, and developing an infrastructure that ensures adequate training and sharing of knowledge among all prosecutors who handle DWI cases, are critical elements in the effective prosecution and disposition of these cases.

In addition, many sentences are not completed and there is a high rate of recidivism among DWI offenders. Drug courts have been established to closely supervise drug offenders after sentencing to ensure compliance with sanctions, and they have been successful in reducing recidivism rates. Similar findings have begun to be observed in DWI courts, which employ the same type of close supervision used by drug courts for DWI offenders.

NHTSA's objective is to enhance DWI prosecution by establishing Traffic Safety Resource Prosecutor positions and improving prosecutor technical support and training in additional States, and to apply the strategies used in drug courts to DWI cases in additional jurisdictions. These initiatives will enhance the capacity of prosecutors to successfully pursue DWI cases, and also build the capacity of judges to ensure that court ordered sanctions of serious offenders are monitored and completed, to prevent further recidivism.

Screening and Brief Intervention

Impaired driving is often a symptom of a larger problem: alcohol misuse. There is compelling evidence, detailed in scientific and medical literature, that screening and brief intervention is effective in reducing drinking and impaired driving behaviors among problem drinkers.

More than 100 million people seek care in emergency departments (EDs) every year. Substantial numbers of patients who visit EDs with injuries have alcohol use problems; almost one in six traffic crash victims treated in EDs are alcohol positive and one third or more of crash victims admitted to trauma centers — those with the most serious injuries — test positive for alcohol. These patients pose not only a public health problem but also an opportunity for intervention.

NHTSA will work with physicians and other health care providers to increase routine screening of adults and adolescent patients for alcohol abuse problems, and facilitate brief counseling and referral of patients for treatment of alcohol dependency, as appropriate. To help achieve this goal, the agency will seek endorsements and enlist the support of leaders in the medical and health care community. NHTSA will simultaneously work with medical and health care professionals, develop reference materials, and provide technical assistance and promote universal adoption of the practice.

NHTSA's objective is to achieve endorsement and active promotion of screening and brief intervention from strategic national health and medical associations. The agency will work closely with each of these associations, providing materials and technical assistance as needed, to establish screening and brief intervention as standard medical practice.

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